

ORIGINAL

ETHICAL IMPERATIVES AND THE NEW PHYSICIAN:

II. THE PHYSICIAN-PATIENT RELATIONSHIP

COMMENCEMENT ADDRESS BY
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ALBANY MEDICAL COLLEGE
SARATOGA SPRINGS, NEW YORK
MAY 26, 1988

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I WANT TO THANK THE MEMBERS OF THE COMMENCEMENT COMMITTEE
FOR EXTENDING TO ME THE HONOR OF BEING YOUR SPEAKER THIS
AFTERNOON.

THIS IS A VERY SPECIAL OCCASION FOR MANY GOOD REASONS.
IT'S THE 150TH ANNIVERSARY OF YOUR SCHOOL, FOR ONE THING.

IN A SOCIETY THAT HAS RAISED THE ANNUAL STYLE-CHANGE TO AN ART FORM -- A SOCIETY THAT DUMPS IN ONE WEEK IN SOLID WASTE THE EQUIVALENT TONNAGE OF WHAT MOST OTHER COUNTRIES TAKE ALL YEAR TO PRODUCE -- IN SUCH A SOCIETY WE MUST BE IMPRESSED BY ANYTHING THAT STILL WORKS ... AND WORKS VERY WELL ... AFTER 150 YEARS.

THIS IS ALSO A SPECIAL OCCASION NOT ONLY FOR YOU GRADUATES, BUT ALSO FOR YOUR FAMILIES AND FRIENDS. THEY INVESTED A GREAT DEAL OF HOPE IN YOU AND, I WOULD GUESS, MUCH PRAYER AND SOME FINANCIAL SACRIFICE AS WELL, AS YOU TRAVELED THE ROAD THAT LED YOU HERE TODAY.

SO THIS IS A SPECIAL DAY ... AND A MAGICAL DAY. RIGHT AT THIS MOMENT, IT STILL FEELS LIKE THE LAST DAY OF YOUR MEDICAL SCHOOL EXPERIENCE.

BUT BEFORE MANY MORE TICKS OF THE CLOCK, THIS DAY WILL ONCE AGAIN BE AN OPENING DAY ... THE FIRST DAY OF THE NEXT STAGE IN YOUR VOCATION OF MEDICINE.

AND I USE THE TERM "VOCATION" ADVISEDLY, BECAUSE OF ITS ROOT TERM OF "CALLING."

THE PRACTICE OF MEDICINE IS AN ACTIVITY WITH A FIRM MORAL BASE, AND IN THAT SENSE IT IS A "CALLING." IT IS CONCERNED WITH THE HERE AND NOW ... YET IT ALSO PRESENTS YOU WITH THE OPPORTUNITY AS WELL AS THE NEED TO CONNECT UP WITH EVENTS ... AND IDEAS ... AND ISSUES THAT TRANSCEND ONE'S DAY-TO-DAY MEDICAL PRACTICE.

THEREFORE, I WANT TO SPEND MY FEW MOMENTS WITH YOU TODAY LOOKING AT ONE OF THOSE TRANSCENDENT ISSUES IN MEDICAL PRACTICE AND SHARING WITH YOU MY PERCEPTIONS OF WHAT IT HAS MEANT TO ME ... AND IN SO DOING, MAYBE I CAN STIMULATE YOU TO RE-THINK WHAT IT MEANS TO YOU, ALSO.

THIS ADDRESS, BY THE WAY, IS THE SECOND IN A CYCLE OF SIX MEDICAL SCHOOL COMMENCEMENT ADDRESSES I'M PRESENTING THIS SPRING. THEY ALL FOCUS UPON THIS ONE TOPIC: "ETHICAL IMPERATIVES AND THE NEW PHYSICIAN."

THE CYCLE WILL CONCLUDE IN THREE WEEKS IN CHICAGO, AFTER WHICH I HOPE TO SEND EACH MEMBER OF THE CLASS OF 1988 A COPY OF THE PUBLISHED COLLECTION OF ALL SIX ADDRESSES.

MY REMARKS TODAY, HOWEVER, DEAL PARTICULARLY WITH THE ETHICAL IMPERATIVES THAT CONFRONT THE NEW PHYSICIAN IN WHAT IS COMMONLY KNOWN AS THE "DOCTOR-PATIENT RELATIONSHIP."

AS YOU MAY HAVE GUESSED BY NOW, I AM A PHYSICIAN AND A SURGEON WHO WAS TRAINED BEFORE THE DISCOVERY AND DEVELOPMENT OF ANTIBIOTICS AND ALL THOSE PLASTIC GADGETS WITHOUT WHICH ONE CANNOT PRACTICE MEDICINE TODAY.

I HAVE SEEN IN MY OWN LIFETIME A PROFOUND CHANGE IN THE SCIENCE THAT FORMS THE BASE OF MY "CALLING" AND -- LIKE ALL MY COLLEAGUES -- I'VE TRIED HARD TO KEEP UP WITH IT.

BUT THE MOST IMPRESSIVE CHANGE HAS NOT OCCURRED IN PHARMACEUTICALS OR DIAGNOSTICS OR SURGERY. RATHER, IT HAS TAKEN PLACE IN THAT OFTEN METAPHYSICAL EXPERIENCE WE CALL THE "DOCTOR-PATIENT RELATIONSHIP."

IT'S BEEN FASCINATING TO WATCH AND TO HAVE BEEN A PART OF IT. BUT IT HAS ALSO BEEN EXTREMELY CHALLENGING ... PARTICULARLY TO THAT ETHICAL FRAMEWORK WITHIN WHICH EACH PHYSICIAN PRACTICES.

THE MOST OBVIOUS CHANGE HAS BEEN THE DECLINE AND VIRTUAL DISAPPEARANCE OF MEDICAL PATERNALISM -- THE ETHIC THAT SAYS, "THE PHYSICIAN-FATHER KNOWS BEST."

BUT IT APPEARS, FROM THE WEIGHT OF BOTH POPULAR AND PROFESSIONAL OPINION, HE DOESN'T ANY LONGER. AND THAT GOES FOR THE "PHYSICIAN-MOTHER," ALSO.

I'M STILL OLD-FASHIONED ENOUGH TO THINK OF MYSELF AS A PHYSICIAN, NOT A "PROVIDER." AND I THINK OF MY PATIENTS AS PATIENTS, NOT "CONSUMERS." THE OLDER TERMS CARRY THE IMPLICATIONS OF A PERSONAL RELATIONSHIP -- SOMETHING CONFIDENTIAL AND TRUSTFUL -- THAT THE NEWER TERMS LACK, AT LEAST FOR ME.

BUT WHATEVER TERMS YOU PREFER, I WOULD URGE YOU -- AT THE VERY LEAST -- TO INVEST THEM WITH THE FEELING OF PERSONAL INVOLVEMENT THAT HAS BEEN THE HALLMARK OF RESPONSIVE MEDICAL PRACTICE FOR CENTURIES.

THERE HAVE BEEN OTHER CHANGES, ALSO. PHYSICIANS ARE MORE INCLINED THESE DAYS TO BE OPEN AND HONEST ABOUT THEIR UNCERTAINTIES, WHEN DISCUSSING A DIAGNOSIS OR A PROJECTED REGIMEN OF THERAPY WITH THEIR PATIENTS.

IF THEY WERE NOT SO INCLINED, THEN A CONCEPT SUCH AS THE "SECOND OPINION" WOULD NEVER HAVE ACHIEVED THE LEVEL OF ACCEPTANCE IT HAS.

UNDER MOST CIRCUMSTANCES, THIS "NEW HUMILITY" COULD BE QUITE BECOMING. I'VE ALWAYS BELIEVED THAT ACCEPTING ONE'S OWN HUMAN FALLIBILITY IS A STRENGTH, NOT A WEAKNESS. AND NOW I SEE THAT PHYSICIANS HAVE COME TO AGREE WITH THAT POINT OF VIEW ... ALBEIT WITH SOME RELUCTANCE.

PATERNALISTIC -- OR MATERNALISTIC -- MEDICINE MAY BE FAST DISAPPEARING, BUT IT HASN'T YET BEEN REPLACED WITH ANY OTHER SINGLE ETHIC THAT HAS THE SAME SIMPLICITY AND POWER. BUT IT DOES LOOK AS IF WE'RE SEEING THE EVOLUTION OF A "PHYSICIAN-PATIENT PARTNERSHIP."

IN SUCH A PARTNERSHIP, THE PATIENT "HAS A RIGHT TO KNOW" AS MUCH AS POSSIBLE ABOUT HIS OR HER CONDITION. THEN, ARMED WITH THIS KNOWLEDGE, THE PATIENT MAY THEN BECOME INVOLVED IN THE FINAL DECISION-MAKING PROCESS REGARDING THERAPY.

BUT -- ETHICALLY -- HOW MUCH CONTROL OF THIS "RELATIONSHIP" OR "PARTNERSHIP" ARE YOU PREPARED TO GIVE UP? AND IF YOU DO RELINQUISH SOME OF THAT CONTROL, THEN HOW MUCH RESPONSIBILITY SHOULD YOU STILL BEAR FOR TREATMENT OUTCOMES?

IN EITHER CASE -- WHETHER AS A PARTNER OR IN LOCO PARENTIS -- YOU NATURALLY MAINTAIN THE PROFESSIONAL RIGHT AND OBLIGATION TO MANAGE YOUR PATIENT IN THE WAY YOU THINK IS BEST.

IT IS TRUE THAT IN THE CASE OF THE PHYSICIAN-ACTING-AS-PARENT, THERE MAY BE A TENDENCY TO OVER-TREAT ... TO EXERCISE THE MORE UNPLEASANT "COMMAND AND CONTROL" ASPECTS OF PATERNALISTIC -- OR MATERNALISTIC -- MEDICINE.

ON THE OTHER HAND, WHEN YOUR PATIENT IS YOUR PARTNER, THERE IS THE EQUALLY UNPLEASANT TENDENCY TO UNDER-TREAT A CONDITION ... TO RELY TOO MUCH UPON THE PATIENT'S PARTICIPATION IN HIS OR HER OWN THERAPY. YOU MAY PLACE TOO MUCH FAITH IN THE "INFORMED" ASPECT OF "INFORMED PATIENT CONSENT."

GENERALLY SPEAKING, I'VE FOUND THAT MANY PHYSICIANS WHO "TAKE CHARGE" OF THE RELATIONSHIP WITH PATIENTS ... WHO ACCEPT FULL RESPONSIBILITY FOR PROCESSES AND OUTCOMES ... TEND ALSO TO BE THE PHYSICIANS WHO ARE CONCERNED ABOUT THE "SANCTITY OF HUMAN LIFE" ... POSSIBLY BECAUSE THEY DO IN FACT SEE THEMSELVES AS THE ULTIMATE GUARDIANS OF OTHER PEOPLE'S LIVES.

AND THEY TAKE THAT ROLE VERY SERIOUSLY. THEY REGARD THEIR MEDICAL PRACTICE AS BEING DIRECTLY TIED TO THE MORAL BASIS OF THEIR "CALLING," A BASIS THAT CLAIMS EACH HUMAN LIFE TO BE UNIQUE AND PRECIOUS AND WORTHY OF BEING TREATED ACCORDINGLY.

ALL WELL AND GOOD. BUT THEN ANOTHER TENDENCY MAY APPEAR ... THE TENDENCY TO DO ABSOLUTELY ANYTHING TO SAVE THE LIFE OF A PATIENT ... OR TO PROLONG THE LIFE OF SOMEONE IN THE FINAL THROES OF DYING BY USING MEASURES THAT ARE "HEROIC" OR "EXTRAORDINARY" ... AND THOSE TERMS, BY THE WAY, ESCAPE ANY PRECISE DEFINITION.

HOWEVER, BY TAKING "EXTRAORDINARY" MEASURES IN A HOPELESS SITUATION, THE ASSERTIVE PHYSICIAN CAN TURN A PATIENT'S DEATH AGONY INTO A GHASTLY, DRAWN-OUT, AND INHUMAN SPECTACLE, INSTEAD OF HELPING THAT PATIENT LEAVE THIS LIFE WITH THE LEAST POSSIBLE DISCOMFORT, YET WITH AS MUCH AS POSSIBLE OF HIS OR HER PERSONA STILL INTACT.

BUT THERE ARE SOME QUESTIONS AS WELL, REGARDING THAT NOTION OF A PHYSICIAN-PATIENT PARTNERSHIP. IF YOU BELIEVE THE INDEPENDENT, AUTONOMOUS PATIENT CAN BE A TRUE PARTNER IN THE WAY YOU PRACTICE MEDICINE, THEN HOW WOULD YOU VIEW THE PATIENT WHO BECOMES SERIOUSLY OR EVEN PROFOUNDLY DEPENDENT?

HOW DO YOU SEE THE ELDERLY PATIENT WITH ALZHEIMER'S DISEASE, FOR EXAMPLE ... OR THE RECOVERING STROKE VICTIM WITH MULTIPLE SENSORY AND MEMORY LOSS ... OR THE DISABLED NEONATE SO DEPENDENT ON HOSPITAL STAFF AND PARENTS ... OR THE PARENTS THEMSELVES, TRYING TO MAKE THE RIGHT DECISION, DESPITE THEIR OWN EMOTIONAL TURMOIL?

THIS WAS AN ISSUE THAT I MYSELF HAD TO RESOLVE, DURING MY OWN YEARS OF PRACTICE AS A PEDIATRIC SURGEON. I WANTED EVERYBODY INVOLVED IN WHAT WAS GOING ON. PASSIVE, DEPENDENT PEOPLE WERE NOT ENOUGH. AND SO, FOR ME, THE CONCEPT OF "PARTNERSHIP" BECAME FUNDAMENTAL TO MY DAY-TO-DAY PRACTICE.

FOR EXAMPLE, I ALWAYS TRIED TO GAIN AS MY ALLIES THE PARENTS OF EACH OF MY YOUNG PATIENTS. I EXPLAINED TO THEM AS WELL AS I COULD JUST WHAT IT WAS WE WERE UP AGAINST AND WHAT THE ODDS WERE OF OUR BEING SUCCESSFUL.

I NEEDED MORE THAN JUST THEIR INFORMED CONSENT. I NEEDED THEIR INFORMED LOVE AND CONCERN AND ENERGY, SO THAT WE COULD FIGHT ... TOGETHER ... THE PARTICULAR ANOMALY OR DISEASE THAT WAS THREATENING THEIR CHILD. AND WHETHER WE ULTIMATELY WON OR LOST OUR BATTLE, WE RETAINED THAT BOND OF PARTNERSHIP.

BY THE WAY, I BELIEVE THIS WAS THE SINGLE MOST IMPORTANT AND
TOTALLY UNANTICIPATED REASON THAT I WAS NEVER ONCE SUED FOR
MALPRACTICE IN A SURGICAL CAREER THAT SPANNED SOME 40 YEARS.

AT FIRST HEARING, THEN, THESE QUESTIONS DO HAVE AN ACADEMIC
RING TO THEM:

WHAT DOES "INFORMED CONSENT" MEAN?

WHAT IS "DEPENDENCE" IN THE CONTEXT OF THERAPY?

WHAT IS "AUTONOMY" AND HOW IS IT EXERCISED?

BUT VERY SOON, THEY ARE NOT ACADEMIC AT ALL. INSTEAD, THEY ARE
REAL-LIFE QUESTIONS THAT REQUIRE IMMEDIATE, REAL-LIFE ANSWERS
THAT SQUARE WITH WHAT YOU KNOW ABOUT MEDICINE AND WHAT YOU KNOW
ABOUT YOUR OWN COMMITMENT TO AN ETHICAL LIFE.

TO SOME DEGREE, THESE KINDS OF QUESTIONS HAVE ALWAYS BEEN PERCOLATING IN THE CONSCIOUSNESS OF MEDICAL PRACTITIONERS. BUT, IN BYGONE DAYS, THEY COULD BE ANSWERED RATHER ROUTINELY BY PHYSICIANS WHO PRACTICED WITHIN A FRAMEWORK OF FIXED AND PREDICTABLE RELATIONSHIPS ALL AROUND.

BUT THAT CONTEXT HAS CHANGED QUITE A BIT. WE NOW HAVE A MUCH HIGHER DEGREE OF SPECIALIZATION IN MEDICINE. HENCE, PATIENTS MAY BEGIN WITH THEIR FAMILY PHYSICIAN, BUT THEY'RE OFTEN REFERRED TO SPECIALISTS FOR THIS OR THAT PARTICULAR COMPLAINT.

AND FOR SEVERAL MILLION AMERICANS WHO USE A GROUP PRACTICE OF ONE KIND OR ANOTHER, THE ORGANIZATION ITSELF IS THEIR PHYSICIAN OF RECORD, RATHER THAN ANY ONE INDIVIDUAL.

WE ALL ACCEPT THE GROWTH OF MEDICAL SPECIALIZATION AND THESE NEW GROUP-PRACTICE ARRANGEMENTS AS HALLMARKS OF PROGRESS IN AMERICAN MEDICINE. AND THEY ARE.

BUT ONE TRADE-OFF FOR SUCH PROGRESS IS THE FACT THAT FEW PHYSICIANS TODAY GET TO KNOW THE WHOLE PATIENT AND, THEREFORE, ARE UNABLE TO TREAT THE WHOLE PATIENT. THEY HAVE LIMITED INFORMATION, IF ANY, ABOUT THE PATIENT'S FAMILY, WORK SITUATION, EDUCATIONAL ATTAINMENT, CULTURAL BACKGROUND, OR SPIRITUAL OUTLOOK -- OR LACK OF IT.

AND PATIENTS, ON THEIR PART, ARE EXERCISING MORE AUTONOMY ... MORE DISCRETION ... MORE CHOICE ... AND LESS DEPENDENCE UPON ONE PHYSICIAN FOR ALL OR EVEN MOST OF THEIR HEALTH NEEDS. WE MAY BELIEVE IN CONTINUITY OF CARE, BUT OUR PATIENTS MAY SET A HIGHER VALUE ON THEIR RIGHT OF PRIVACY AND THEIR FREEDOM TO PICK AND CHOOSE THEIR DOCTORS ... AT ANY TIME.

WHAT HAPPENS TO THE "PHYSICIAN-PATIENT PARTNERSHIP" UNDER SUCH CIRCUMSTANCES? WHAT ARE YOUR ETHICAL OPTIONS NOW? OR DO YOU HAVE ANY?

I RAISE THOSE QUESTIONS BECAUSE MEDICINE -- AND THE AMERICAN PEOPLE -- ARE IN THE PROCESS RIGHT NOW OF TRYING TO SORT OUT THE ANSWERS. THIS PROCESS IS OF MORE THAN ACADEMIC SIGNIFICANCE FOR EACH OF YOU.

TO MY WAY OF THINKING, OUR ETHICAL COMMITMENT TO -- AND INVOLVEMENT IN -- THE CARE OF OUR PATIENTS IS THE REAL ISSUE UNDERLYING ALL THE TALK ABOUT MEDICAL MALPRACTICE, PERIODIC RE-LICENSING, "DEFENSIVE MEDICINE," AND PROFESSIONAL ACCOUNTABILITY.

UNFORTUNATELY, THE SORTING-OUT PROCESS IS FAR FROM OVER. AS A RESULT, PHYSICIANS FOR THE MOST PART ARE STILL HELD FULLY ACCOUNTABLE UNDER THE STANDARDS OF THE OLD, PATERNALISTIC MODEL OF MEDICAL PRACTICE, WHEN, IN FACT, THAT'S NO LONGER THE MODEL THAT'S ACCEPTED ACROSS-THE-BOARD.

HENCE, SOCIETY -- AND OUR OWN PROFESSIONAL LEADERS -- ARE INVESTING MUCH TIME AND EFFORT IN IRONING OUT THE PROBLEMS THAT ARISE WHEN PATERNALISTIC MEDICINE BEGINS ADJUSTING TO THE BEHAVIOR OF THE AUTONOMOUS PATIENT.

PART OF THAT PROCESS MEANS THE DEVELOPMENT OF NEW MEDICAL LAW ... SOME NEW REGULATION OR SELF-REGULATION ... AND A RE-COMMITMENT -- IN CONTEMPORARY TERMS -- TO THE FUNDAMENTAL ETHICS OF MEDICAL SERVICE.

HEARING ALL THIS, YOU MIGHT WELL ASK IF THERE IS LIFE AFTER MEDICAL SCHOOL? YES, THERE IS. NOW MORE THAN EVER ... THANKS IN GREAT MEASURE TO THE RE-ADJUSTMENT GOING ON IN THE ETHICAL RELATIONSHIP BETWEEN PHYSICIANS AND PATIENTS.

MANY CHANGES WILL OCCUR IN THE YEARS AHEAD, AS YOU MATURE IN YOUR CHOSEN PROFESSION OF MEDICINE. AND IT'S FAIR TO SAY THAT MANY OF YOU WILL HELP BRING ABOUT THOSE CHANGES, WHILE ALL OF YOU WILL AT LEAST EXPERIENCE THEM.

BUT I AM CONFIDENT THAT THE PHYSICIANS OF AMERICA WILL EMERGE FROM THIS TIME OF GREAT FERMENT WITH A STRONGER ETHICAL FRAMEWORK WITHIN WHICH TO PRACTICE THEIR KIND OF APPROPRIATE, RESPONSIBLE MEDICINE ... MEDICINE THAT SERVES THE NEEDS OF INFORMED AND INVOLVED PATIENTS.

DR. EDWARD PELLEGRINO, OF GEORGETOWN UNIVERSITY AND THE KENNEDY INSTITUTE OF ETHICS, HAS OBSERVED THAT "SOME DEGREE OF EFFACEMENT OF SELF-INTEREST IS ... PRESENT IN EVERY MEDICAL OATH. THAT IS WHAT MAKES MEDICINE TRULY A PROFESSION."

AND I WOULD AGREE. I DON'T THINK YOU SHOULD ABDICATE YOUR ROLE OF THE KNOWLEDGEABLE PROFESSIONAL. I DON'T THINK YOU SHOULD BE AMBIVALENT ABOUT YOUR ROLE EITHER.

BUT, AS DR. PELLEGRINO SO NICELY PHRASED IT, I THINK THE ROLE IS ACTUALLY ENHANCED BY A "DEGREE OF EFFACEMENT OF SELF-INTEREST" ... BY A DEGREE OF EGO RELAXATION, IF YOU WILL ... WHICH ALLOWS YOU AND YOUR PATIENTS TO MEET AND TO KNOW EACH OTHER NOT MERELY ON THE BASIS OF SYMPTOMATOLOGY OR OF BILLS PAST-DUE ... BUT ON THE BASIS OF YOUR SHARED INTEGRITY AS HUMAN BEINGS.

I HAVE A REPUTATION FOR STRAIGHT TALK AND I HOPE I'VE LIVED UP TO IT THIS MORNING. BUT DON'T LET ME DAMPEN YOUR ENTHUSIASM FOR MEDICINE ONE LITTLE BIT. WERE I YOUR AGE -- YET, KNOWING WHAT I NOW KNOW -- I WOULD STILL CHOOSE A CAREER IN MEDICINE ABOVE ANY OTHER.

YOU'VE CHOSEN WISELY AND WELL. MEDICINE IS A MAGNIFICENT CAREER ... A "CALLING" THAT IS DEDICATED TO THE HIGHEST HUMAN VALUES: THAT IS, OF RELIEVING SUFFERING AND SAVING HUMAN LIVES ... A PROFESSION THAT HAS BEEN LED OVER THE CENTURIES BY SENSITIVE MEN AND WOMEN WHO PRACTICED MEDICINE ACCORDING TO THE HIGHEST -- AND MOST RIGOROUS -- ETHICAL STANDARDS.

I KNOW YOU'LL FIND IT REWARDING.

I ALSO KNOW IT WON'T BE DULL.

THANK YOU.

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